CHAPTER IV
RURAL COMMUNITY IN INDIA AND MENTAL RETARDATION

The information regarding mental retardation given in earlier chapters is more relevant from the viewpoint of mental retardation as a medical, educational and to certain extent a social issue in urban areas. Although the medical aspects remain the same, the social and therefore the educational aspects change significantly if mental retardation is to be understood in the context of sociology of rural life in India.

There are two criteria which are used to determine the rural status of a population. The first criterion is residence. People living in areas of relatively low population density are generally identified as rural. The second criterion is chief source of livelihood. Individuals or populations obtaining all or substantial part of their income from agricultural enterprises are classed as rural (Bertrand, 1958).

Seventy-six to eighty percent of India’s population is rural i.e. living in nearly 600,000 villages and on agriculture and allied occupations (Shrinivas Murthy, 1985; Prabhu et al, 1985).

Ballal (1984) describes the overall socio-economic scene of Indian rural community very aptly. He writes - "The dominant aspect of the rural socio-economic scene is its feudal nature. It is very
difficult for the fruits of overall growth to percolate downwards. There is a dualism in the mode of production, the dualism of capitalist and poor segments, resulting in unequal exchanges giving the socially dominant class enormous economic benefits such as cheap and assured labour, better terms for leasing of land, gains from what is known as 'distress sales' etc. Poor remain in a semi-feudal, invisible bondage. This is accentuated by the large extent of illiteracy or inadequate education among them. They can neither understand the ever accelerating 'sophistication' in the urban areas nor the complicated workings of government organizations set up for their welfare.

Enormous power thus gets concentrated in the hands of the rural rich, who are also therefore better educated, which not only help them to dominate the economic activities of the area but also makes them politically powerful. The poorer sections in turn remain passive, ill-organized and therefore in perpetual impoverishment. (Madari Ballal, 1984).

This state of affairs of rural life as described by Ballal has been more or less the same since a very long time in Maharashtra as pointed out by various writers. Halbe (1964) describes it for the post-independence period up to 1954. Atra (1915) in a book on rural sociology describes the period around 1900 and Deshmukh (1969) does the same for the period around 1850.
Changes in rural society take place very gradually. It is therefore necessary to know the process of socialization as it takes place in a rural setting.

**SOCIALIZATION IN RURAL COMMUNITY**

An individual acquires the social and cultural traits through his contacts such as those in the family, the school, the religious community and the economic world. He learns the folkways, the mores and other cultural requirements e.g. ideals, ideologies, attitudes and values. He thus ensures conformity to accept the standard of the community. This process of socialization is influenced by three factors, and the nature of this influence in rural community is the cause of the difference between rural and urban community.

I) The influence of the Geographic Environment

Geographic environment has four major aspects, location, climate, topography and natural resources. All four are important influences on human life. The influences of geographical environment are as follows.

a) The Physical Setting.
Mountains, valleys, rivers, seas etc. are physical settings which set limits on the movement and communication between people of different places. In a rural community this limit is accountable for retaining the original culture of the place.
b) The Capriciousness of Nature.
The unpredictability of nature in the form of delayed or unscheduled rains, prolonged summer or winter etc. affects those pursuing the vocation of agriculture most. Rural population is mainly engaged in this vocation and hence is solely dependent on nature. They are therefore more practical but tend to become more religious and superstitious.

c) Close Communion with Nature.
The rural person comes in close association with open air, the soil, and living, growing things. This is an important factor in maintaining the good health of the rural person. The close contact with soil tends to make him view land as the most precious of possessions. He thus invests most of his time, energy and money in this possession.

d) Relative Isolation.
A rural person tends to spend a great part of his time away from population centres. In some places this is so owing to poor means of travelling. But even if the means of easy transport is available a rural person is often unable to meet its cost. A rural person hence tends to use less of any service e.g. hospitals etc. to which it does not have easy access. Of necessity the rural person is more self-reliant.
II) The Influence of the Social Environment

Social environment has primary and secondary group contacts which influence the personality of the rural person.

a) The Predominance of Primary-group Contacts.
A rural person's life continues to be dominated by family. This predominance of the primary-group, the family, contact makes him more integrated in personality but less broad-minded in his outlook towards life. Outside the family, the rural person's contacts are centered in the neighbourhood where, like in the family, the vacation pursued is generally the same. The relative isolation caused by geographic factors enhances this further. Thus a rural person tends to be conservative and traditional in his outlook and practice.

b) Social Differentiation.
The rural groups are mainly of the primary type and are fewer in number and simple in structure. There is less divergence in the groups and thus there is less social differentiation. As a result there is a solidarity, although almost of a mechanistic type.

c) Social Stratification.
The caste principles are comparatively rigid at least in the thoughts of Indian rural population even if not in their day-to-day functions now. Under the influence of caste principles there have been fewer or no classes in rural society. Thus there are fewer strata in the rural society. This means that in terms of socio-economic classes the rural society tends to show less disparity.
This parity in the Social class suggests conservatism to be predominant.

d) Social Mobility.
Rural society has fewer social classes and the choice of occupation too is limited. Hence rural society offers little opportunity for the rural person to move from one strata to another. Getting into family is yet a necessity rather than choice. This causes a rural person to take a rather stoical view of life and they become less enthusiastic to change.

III) The Influences of the Cultural Environment
Cultural patterns establish definite limits to behaviour norms, or expected behaviour patterns.

a) Simplicity of Cultural Expressions.
Owing to social factors the rural person generally shows an unquestioning adherence to simple virtues, and ethical and moral standards. Therefore the forms and contents of the folk-lore, folk-songs, dances etc. remain simple and with lesser variation. As mediums of population-education these thus provide a limited exposure to other aspects of life.

b) Social Control.
In rural areas order is maintained essentially through informal means: The neighbourhood gossip and devices such as a word of advice from the leader, or elder or a holyman. This personal social control are utilized unless the behaviour of an individual calls for more formal means viz. village-panchayat or police. But
owing to the informal nature of social control many deviant behaviours are contained, and tolerated to a (greater) extent within the village commune.

c) Variety of Knowledge and Skills Required.
A rural person's proximity with his land, the priority that cultivation has in his life and the lack of specialized craftsmen or professionals e.g. veterinary surgeon etc. forces him to expend his knowledge horizontally. Thus a rural person learns a bit of every trade rather than pursuing studies in just one or few subjects.

d) Levels and Standards of Living.
The rural person is either never or less exposed to different standards of living. He does not need such variations in standards of living. This is owing to the simplicity and agricultural orientation of rural culture which does not bring to the attention of the rural person many of the goods and services which would consequently be felt as needs.

RURAL COMMUNITY IN MODERN INDIA
In the case of Indian rural community the issues discussed earlier do play their role. But since Independence the process of modernization of Indian rural setting has been accelerated. Land reforms, irrigation projects electricity, road and rail transport, political movement, voting rights, health care facilities, education, mass media and Community Development Projects have made the change come very
close to rural person. The perspective of the rural person is increasingly broadening. He is coming into communication with the systems of other rural and urban worlds. But the new values of life do not coincide with the traditional values (Sen, 1966).

The change is instigating a great deal of frustration. But, as is typical of rural sociology, the frustration is usually internalized and sublimated through interactions within primary group contacts. Hence the desired change is not occurring inspite of the increasing accessibility of the tools of modernization.

Although explained in different terms most workers observe that majority of rural population is apathetic towards change and hence inert to change. Workers who studied this phenomenon of apathy in the rural population in the face of accelerating process of modernization found the following reasons for it. (Halbe, 1964; Hanavaty, 1968)

a) Insufficient Applied Education wherein the rural population can be educated to voluntarily resolve the conflict between new values and traditional values of life.

b) Inadequate means to facilitate proper exchange of thoughts and involving the rural population in planning and implementing the Developmental programmes. This factor now appears to have been rectified in most newer projects (Joshi, 1978).

c) Interests of the dominant caste which has an influence on the local democratic institutions. The authoritarian pattern of decision-making continues.
THE MENTALLY RETARDED PERSON AND THE RURAL COMMUNITY

The foremost priority of Indian rural community has been the cultivation of land. Owing to the dependency on nature the rural population tends to become religious and superstitious. The social order is brought about mainly through the primary-group contacts viz. joint-families and immediate neighbours. The nature of culture around is simple, the necessity to enrich the culture is minimum and the inertia to change is maximum. It is therefore an essential task to study what happens to a mentally retarded person in such a community.

At this point it needs to be reiterated that mental retardation and mental handicap are two different health experiences. In literature these two terms are used interchangeably but it must be kept in mind that mental retardation is a disability while mental handicap is a handicap. As the experience of handicap has a social component to it, this understanding of disability and handicap as separate entities has significance here.

The rural community does not view mental retardation as an educational issue. For the rural population it is either a complex medical problem or a sure supernatural phenomenon. Usually the concerned family resorts to an approach in which they consult the
medical specialist and also the practitioner of occult arts. The former type of consultation is owing to the little education they have had and the propaganda regarding health-care made via the mass media. The latter type of consultation is owing to the social pressure and as a means of appeasing some near and dear ones.

Problems of mentally retarded persons in India's rural community are practically totally neglected and these persons do not receive any educational programme. (Shankaran, 1979; Narasimhan, 1986).

The reactions of rural parents to the birth of a retarded child as described by Channabasavanna, do not seem to be too different from the initial reactions of parents from other parts of the world. (Channabasavanna, 1981). But what is remarkably different, especially amongst the Hindu parents, is the rationalization of the event being inevitable owing to Destiny or Karma, which they resort to. This rationalization seems to be more or less unique to India. Being conservative and traditional the rural parents are quick in accepting the rationale and hence the child. The same rationale serves as a power-house of strength for them in providing physical care to the retarded person almost throughout his life.
Turning now to the experience of handicap in the case of mental retardation it is important to note that "Mental handicap is a relative concept and whether an individual functions on a sub-average level depends to a large extent on the social development of the community in which he lives" (Naik, 1984).

In whatever has been mentioned so far about Indian rural community it is established that the social development of this community is low. Hence an individual in such a community is not understood as sub-average unless his level of functioning is too low. Secondly the incidence of mental retardation is higher in rural areas than in the urban areas (Sethi et al, 1972). This also has an effect on the attitude of the society because in communities where disability is relatively rare, discrimination and negative public attitudes are likely to constitute more of a barrier to acceptance (Mittler, 1984).

Due to higher degree of tolerance (compared with western countries) shown towards deviant forms of behaviour as well as to the less complex set-up in rural areas, the mentally subnormal may be able to function fairly adequately (El Nagar, 1971). A person with a mild mental retardation is considered as a simpleton. There are numerous simple tasks like grazing cattle, collecting firewood etc. which are given to these simpletons according to their capacity (Channabasavanna, 1981).
The retarded person whose functions are severely affected do not get similar opportunities. In villages the severity of handicap is determined not by the degree of mental retardation. It is determined by the person's ability or inability to carry out physical-motor and speech-language skills.

The primary responsibility of caring for the severely handicapped person is mainly that of the joint-family or the elderly person living with the parents.

Whatever is the degree of handicap such persons generally receive help, sympathy and compassion. Occasionally the person becomes the object of fun. But hardly ever does he become the victim of social cruelty. Rather, if the person shows any exceptional strength e.g. extra-ordinary physical strength or courage or skills with words or numbers, such a person is admired just as though he was a normal person.

In a nutshell then the mentally handicapped people are better accepted in the poorer communities where the family ties and village ties are deeper. (Vanier, 1978).

Summary

This chapter is inserted to draw attention to the sociology of Indian rural community. Services for mentally retarded in India are city-based. Hence there is a slant on publishing in the context of mentally
retarded persons from the urban communities. A rural setting is not well understood until its sociological strengths and weaknesses are at least theoretically made known. In the light of the information on Indian rural sociology the existence of the mentally retarded person in the rural community is briefly described in this chapter. The conclusion is that rural communities are not complicated and hence excepting for very severe cases, most mentally handicapped persons can function fairly adequately in it.

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RESOURCE READING
